

Troubleshooting eWIC Card Issues

This form is to help local agency (LA) staff assist WIC participants when there is an eWIC card issue that LA staff cannot resolve. This information should be collected for submission to the state agency (MOWINS Help Desk) to research. Please email this information to WICHelpDesk@health.mo.gov or call the MOWINS Help Desk at 1-800-554-2544.

Date: _____ LA Name: _____

Name of Person Submitting Report: _____

Household ID: _____

eWIC Card Number Used: _____

WIC Retailer Name: _____

WIC Retailer Address: _____

Transaction Date: _____ Transaction Time: _____ am/pm Register/Lane Number: _____

1. Before this incident, had you ever used this card to make a purchase? ☐Yes ☐No
2. After this incident, have you attempted to make another purchase? ☐Yes ☐No
 - If yes, was the purchase attempt successful? ☐Yes ☐No
3. Do you have receipts from this incident? ☐Yes ☐No If yes, please include a copy with this report.
4. Did you request a Balance Inquiry while at the store? ☐Yes ☐No
 - If yes, did you receive a Balance Inquiry receipt? ☐Yes ☐No
5. Do you have the Balance Inquiry receipt to include with this report? ☐Yes ☐No If yes, please include a copy with this report.
6. Have you entered an incorrect Personal Identification Number (PIN) with this card? ☐Yes ☐No
7. Did you follow all of the prompts on the card terminal at the register?
 - Insert the WIC card when prompted? ☐Yes ☐No
 - Enter your PIN when prompted? ☐Yes ☐No
 - Remove your card when prompted? ☐Yes ☐No
8. Did messages appear on the card terminal? ☐Yes ☐No
 - If yes, please describe the messages:
9. Did you purchase WIC items only or did you also purchase non-WIC items? ☐Yes ☐No
10. Were all WIC items correctly deducted from the benefit balance on the card for the current benefit period? ☐Yes ☐No If not, please identify them below.
11. Were you unable to purchase any of the WIC items? ☐Yes ☐No If not, please identify any items expected to be WIC-eligible that did not show as purchased by WIC on the card balance:

UPC/PLU #: _____ Item Description: _____

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Additional Information/Comments:
